## PART B - FEE(S) TRANSMITTAL 0 8 2005

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. David T. Burse Bingham McCutchen LLP Three Embarcadero Center Suite 1800 Jocelyn L. Lee San Francisco, CA 94111-4067 w (Signature) (Date) FIRST NAMED INVENTOR APPLICATION NO. FILING DATE ATTORNEY DOCKET NO. CONFIRMATION NO. 09/975.393 10/10/2001 Josef V. Koblish TITLE OF INVENTION: DEVICES AND METHODS FOR CREATING LESIONS IN ENDOCARDIAL AND SURROUNDING TISSUE TO ISOLATE FOCAL ARRHYTHMIA SUBSTRATES APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 04/11/2005 DEMNANU2 00000147 502518 13/200575393 CLASS-SUBCLASS FC: 501 EXAMINER ART UNIT 1400.00 DA 606-041000 02 FC:1504 300.00 DA ROLLINS, ROSILAND STACIE 3739 OO DO 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Bingham McCutchen LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

OIP

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maple Grove, Minnesota BOSTON SCIENTIFIC SCIMED, INC. Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 📛 Corporation or other private group entity 🖵 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2518 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)

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Authorized Signature	Ulk	Date 4/4/05
Typed or printed name Michael	J. Bôlan	Registration No. 42,339

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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■ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).